

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) BOEHMERP-0043																										
Application Number 10/551,298		Filed September 23, 2005																										
For DETERMINATION OF A MID-REGIONAL PROADRENOMEDULLIN PARTIAL PEPTIDE . . .																												
Art Unit 1641		Examiner Christine E. Foster																										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 20%; text-align: center;"><u>Fee</u></th><th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 20%;"></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$130</td><td style="text-align: center;">\$65</td><td style="text-align: center;">_____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$490</td><td style="text-align: center;">\$245</td><td style="text-align: center;">_____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1110</td><td style="text-align: center;">\$555</td><td style="text-align: center;"><u>1110</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1730</td><td style="text-align: center;">\$865</td><td style="text-align: center;">_____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2350</td><td style="text-align: center;">\$1175</td><td style="text-align: center;">_____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to</p> <p>Deposit Account Number <u>13-3402</u> .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="margin-left: 100px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent. Registration Number 27,969.</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="margin-left: 100px;">Registration number if acting under 37 CFR 1.34. _____ .</p> <table style="width: 100%; border-collapse: collapse; margin-top: 20px;"><tr><td style="width: 50%; text-align: center; vertical-align: bottom;"><u>/Anthony J. Zelano/</u> _____ Signature Anthony J. Zelano _____ Typed or printed name</td><td style="width: 50%; text-align: center; vertical-align: bottom;">December 7, 2010 _____ Date (703) 243-6333 _____ Telephone Number</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	_____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	_____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>1110</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	_____	<u>/Anthony J. Zelano/</u> _____ Signature Anthony J. Zelano _____ Typed or printed name	December 7, 2010 _____ Date (703) 243-6333 _____ Telephone Number
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